

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name		Office:
Thou JACKS	on/	☐ House ☐ Senate
Mailing address		District
162 Allasash RL		
City, zip code		Phone
Hlagash 09/19		798-408/
PART 1. INCOME DEI	RIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from who economic activity of each employer.	om you received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic
Name of Employer	Address	Activity of Employer
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ATTENDAMENTO ATTEN		
	DERIVED FROM SELF-EMPLOYMEN slators who are self-employed.)	
A. List the name and address of your business, if any,		from which you derived income. If
associated with a partnership, firm, professional associ entity.	ation, or similar business entity, list the major	or areas of economic activity of that
		Major Areas of Economic
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Activity
	(SGI)	(partnership, association or similar business entity)
Name:		THE PERSON SERVICES
Address:		CANA AA
Name:		
Address:		TO COMPANY AND
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PART 2 (continued). INCOME DERIVED FRO		MENT			
B. List each source of income derived from self-employment that represents mo greater, and specify the principal type of economic activity of the entity or persidisclosure is prohibited by law, rule, or an established code of professional ethics entity or person from whom the income was derived.	ore than 10% of your g	lerived such income. If this	form of		
Name and Address of Source		Activity of Entity or Person	incipal Type of Economic ly of Entity or Person Who is ne Source of the Income		
Name: Address:					
Name: Address:					
PART 3. MAJOR AREAS OF I (For Legislators who are attorneys-attention of the second of	t-law only.)				
Name and Address of Firm	Major Areas of Pra (self)	AND THE PROPERTY OF THE PROPER	ractice		
Name: Address:	N V				
Name: Address:					
PART 4. OTHER SOURCES OF INCOME					
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this fo	orm. Do not include gi	ifts. If none, check the box.	riizaid (Yalahiiba) (Sabartiir (Yaliiber)		
None Name and Address of Source		Kind of Income (investments, leases, e	tC.)		
Name: Address:	n				
Name: Address:	Consideration of the state of t	reviewed with ever the tree of the second	機能性。ppel 機能・sum si niturina ha sumi si		
PART 5. REPORTABLE LIAI	BILITIES				
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans	u received during the from a relative. If nor	reporting period, and list the ne, check the box.	e major		
None			enember 1900 de la comercia de comercia de comercia de comercia de la comercia de la comercia de la comercia d		
Name and Address of Creditor		Principal Type of Econo Activity of Creditor	mic		
Name: Address:	остургат гозуусуудалында				
Name: Address:			Anna brianning and a second and a		
· Mai was	. 6				

PART 6.	REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Including, check the box.	ude gifts with an aggregate v	value of more than \$300 from	a single source. If
None	***************************************	- varh-verdischer Mittelbereimen die deren verder hat III der erd dien Lut verdischer bedas er reussesten was se zu zusgen, ha	ANATORIANA MARANA PARAMANA PA
Name of Source of Gift 1.	3.	Name of Source of Gift	
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	EPORTABLE HONORARI		
List the source of any honoraria accepted for appearances or None	speeches related to your leg	islative responsibilities. If none	3, check the box.
Name of Source of Honoraria		Name of Source of Honoraria	
1.	3.		- "Tanaaa" aanooni toorii tareeyii tareeyii tareeyii taree
2.	4.	BASIC Control of the	- The state of the
PART 8. REPRESENT	TATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you represe box.		ing nga neurong salas sa 1941-1942 ngap kebigang pa	If none, check the
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Name of Agency		Name of Agency	
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2.	4 .		
	IESS WITH STATE AGEN	en landa en	
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your immediate family s	sold goods or services with a	value in excess of
		A Charles and A Charles A Annual Annu	667 A [[66](674) [[67](674) [[67](674) [17](66](67) [166](67) [167](67) [167](67) [167](67) [167](67) [167](67 (67) A [[66](67) [67 [67 [67 [67 [67 [67 67 [[67](67
Name of Agency		Name of Agency	
1.	3.	ktindahah Sunah Salah Kadali Banda Kalaman Ahara sa sa sa sa sa tabun kalaman kalaman kalaman kalaman kalaman	the Cold Annual Annual Annual Annual Annual Annual The Annual Annual Annual Annual Annual Annual Annual Annual
2.	4.		
PART 10. INCOME RECEIVE	ED BY MEMBERS OF IMP	MEDIATE FAMILY	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not it	i of income represented. If y		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind o	f Income
Name:	1.	Spouse or 1.	
Job Title:	 3. 	Domestic 2. Partner 3.	
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent Child	ERROPER ALBERTANISMENT AND AUTO OF A LITE OF CONTROL OF THE MERCHANISMENT AND A CASE OF THE AUTO OF TH
activity and the kind of income.		Dependent Child	60000000000000000000000000000000000000

	PART 11	I. OFFICER OR DIRECTO	R POSITIONS		
any office, trust	fit or nonprofit corporation, firm, asso eeship, directorship, or position of ar ted. If a family member listed, indica	ny nature. Indicate whether yo	u or a family held the	position and whether	diate family held r the position
☐ None		ON THE REAL PROPERTY OF THE PR			
TOP AND THE MENT OF THE CONTRACT OF THE STATE OF THE CONTRACT	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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		SIGNATURE			
A Legislator wh	no willfully fails to file a required s	statement is subject to a fine	e of up to \$100. (1 h	√.R.S.A. § 1017-A	<u>.)</u>
The intentional willfully filed a f	filing of a false statement is a Classe statement, it shall refer its fi	lass E crime. If the Commindings of fact to the Attorne	ssion concludes tha ey General. (1 M.R.	t it appears that a S.A. § 1019)	Legislator has
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	March		//////	O	
	Signature		D	ate	
		ADDITIONAL INFORMAT			
Please provide the information	e any additional information belown you are providing.	w (and on additional sheets	if needed). Indicat	e the part or section	on number for
Part/Section Number		and the fight of the first and committee the first and the committee of the committee that the committee tha	randition participate with a facility of time of which and different investigation was down when the anti-	gamen, tanggamen anagaritar di mgalat karanggal karanawara di ngingingi ili simalidi kwaliginan	tilleritämeningelmeilläsidhelleren seimlande kod einsten eenst
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